L08000030981

(Requestor's Name)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Control Control						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



200261748372

07/07/14--01022--019 **25.00

DIVISION OF CASE OR AT 3: 31

NUB 1 8 2014

J. HARRIS



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 22, 2014

AURELIO NOYA 1825 PONCE DE LEON BLVD #423 CORAL GABLES, FL 33134

SUBJECT: A PLUS TELEPHONES LLC

Ref. Number: L08000030981

We have received your document for A PLUS TELEPHONES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted two documents under one filing fee. Either choose one document to file or remit an additional \$25.00 to file both.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Rebekah White Regulatory Specialist II

Letter Number: 514A00015732

RECEIVED
14 AUS-4 AN 7: 56
WEEN STEAM OF SERVENS

SECRETARY OF STATE OF ALL OF CHECKEN SECRETARY OF STATE OF CHECKEN STATE OF STATE OF

ARTICLES OF DISSOLUTION FOR A LIMITED LIABILITY COMPANY

1.	The name of a limited liability	company is A	Plus	TElepha	es, uc	•
2.	The Articles of Organization w		1	12008 8	nd assigned	
	document number <u>Los</u>	3 <i>00</i> ∞3	। ६९०			
3.	The delayed effective date the defective date	dissolution if not cannot be prior to or	effective on the more than 90 day	e date of filing: _ s later than date doc	ument is received for	filing)
4.	A description of occurrence tha 605.0707, Florida Statutes, (cop	y 605.0707 on ba	ck cover letter).	olution pursuant to	
		<i></i>				
		****			P. 201	
5.	If there are no members, enter t activities and affairs:	Aunel	No No	40		any's
	-			de Le	as Blod.	
	_	0 1	111	T	2212/	
6.	Signature of an authorized persited above to wind up the compa	on or if there are	no members, the	ne signature of th	e person appointe	d and
113	Signature	y sactivities and		Aue jo	Noya	
_	Signature	v Dii ini	C DDD. 635 M		anc	
		FILIN	G FEE: \$25.00	,		14 A
						1
						<u>പ</u>
						14 AUG 15 PH 3:31
						ယ်

Notice of Limited Liability Company Dissolution

NOTE: This page is optional

This notice is submitted by the dissolved limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in s. 605.0712, F.S.

This "Notice of Limited Liability Company Dissolution" is optional and is not required when filing a voluntary dissolution.

Name of Limited Liability Company: A Plus Telephoves, L Document number of Limited Liability Company is: 4080000 34981	16
Document number of Limited Liability Company is:	_
Date of dissolution was: Jule 30, 2014	
Description of information that must be included in a written claim:	
Proof of Claim	_
	_
	_
	-
	_
Mailing address where claims can be sent: (Claims cannot be sent to the Division of Corporations)	DIVID S
1825 Pouce de Lew Blud	IL NUG 15
	· · · · · · · · · · · · · · · · · · ·
los los te 33134	PH 3:
•	:31 Sept.

A claim against the above named limited liability company will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

Hunz : Noys

Printed Name of the Person Filing

Signature of the Person Filing